

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Part 1. Child in School

Name of child in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp (not EBT card #) or TANF Case # (if any)

If you listed a Food Stamp/TANF case number for this child, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Write "0" if foster child has no personal use income. Skip to Part 4.

Part 3. Total Household income from Last Month—You must tell us how much and how often.

1. Name (List everyone in household.)	2. Last month's income and how often it was received			
	<i>Example: \$10/monthly</i>	<i>\$100/twice a month</i>	<i>\$100/every other week</i>	<i>\$100/weekly</i>
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
<i>Example: Jane Smith</i>	<i>\$200/weekly</i>	<i>\$150/weekly</i>	<i>\$100/weekly</i>	<i>\$ ____ / ____</i>
1.	\$ _____	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____	\$ _____
6.	\$ _____	\$ _____	\$ _____	\$ _____
7.	\$ _____	\$ _____	\$ _____	\$ _____

Part 4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: x _____ Date _____

Social Security Number: _____ ☐ I do not have a Social Security Number

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

☐ Asian
 ☐ Black or African American
 ☐ American Indian or Alaska Native
 ☐ Native Hawaiian or Other Pacific Islander
 ☐ White
 ☐ Other

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Monthly Income Conversion: Weekly x 4.33 Every 2 Weeks x 2.15 Twice A Month x 2
 Monthly Income: _____ Household Size: _____ FS/TANF: _____ Date Withdrawn: _____
 Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced: _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature _____

Date _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each child.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List the child's name, school, and grade.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If your household gets FOOD STAMPS or TANF, follow these instructions:

Part 1: List your child's name, school, grade, and Food Stamp or TANF case number. **EBT and Medicaid numbers are NOT acceptable.**

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary, but an adult household member must sign.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List your child's name, school, and grade.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.

Column 2-Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Workers' Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.